

POSITION	ID NO.	DATE
CLASSIFIER	E42	10-18-93
EXAMINER		
TYPIST	374	10-20-93
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	1/24/94
Original	
1	
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36	✓
37	✓
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39	✓
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SYMBOLS

✓	Rejected
-	Allowed
(Through number)	Cancelled
+	Restricted
N	Non-elected
A	Interference
O	Appeal
0	Objected

Claim	Date
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